

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09/83/583

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1		1	
2		1		1		1
3		2		1		1
4	1		1		1	
5		1		1		1
6		2		1		1
7		2		1		1
8		1		1		1
9		1		1		1
10		1		1		1
11		1		1		1
12		1		1		1
13		1		1		1
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TOTAL IND.	2		2		2	
TOTAL DEP.	17		17		17	
TOTAL CLAIMS	19		19		19	

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS